



MEDICAL AND DENTAL PLAN SUMMARY GUIDE FOR 2015

For Non-Represented Employees, and for Employees covered under the City's collective bargaining agreements with: AFSCME, Coalition of Unionized Public Employees (Chicago Building Trades Coalition), INA, Unit II, Police Captains Association, Police Lieutenants Association, and Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA); Supervising Police Communications Operators represented by Teamsters Local 700; Aviation Security Sergeants represented by the Illinois Council of Police; Public Health Nurse III's and IV's represented by Teamsters Local 743 and Uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union, Local No. 2.

PLAN A

Blue Choice Options PPO Plan pays after deductible and/or copayment

In-Network		Out-of-Network
Tier 1	Tier 2	Tier 3

Plan Benefits

(The plan pays for the following percentages of PPO allowable charges after you meet the calendar year deductible where it applies.)

Individual Deductible ¹	\$300	\$350	\$1,500
Family Deductible ¹	\$900	\$1,050	\$3,000
Individual Out of Pocket Limit Each Year ¹	\$1,000	\$1,500	\$3,500
Family Out of Pocket Limit Each Year ¹	\$2,000	\$3,000	\$7,000

Preventive Services

Routine Physical Checkups (Adult)	100% of maximum allowable charges for all preventive services required to be covered under the Affordable Care Act if an in-network provider is used. No coverage for services provided by a non-network provider or not required under the Affordable Care Act		No benefits for preventive services
Routine Pediatric Checkups, Well Baby Care & Pre-school Exams			
Immunizations			
Routine Lab Work			
Hearing Screenings			
Generic birth control medications and devices; smoking cessation medications; others as required by law			

Outpatient Physician Services

Ambulance Transportation Between Hospitals ²	90%	75%	60%
Diagnostic Testing (i.e. x-ray, lab, etc.)			
Outpatient Surgery			
MRI, Pet Scans, Nuclear Radiology, CAT Scans ²			
Prosthetic Devices and Durable Medical Equipment (DME) ²			
Skilled Home Health Care and Hospice Care ²			
Infertility Treatment ²			
Physical Therapy			

¹ In Network and Out of Network deductibles/out of pocket limits cannot be combined.

² These services require precertification by Telligent. Call 1-800-373-3727.

Important Note for New Hires: You are not eligible to change your medical or dental plan until the first Open Enrollment Period following 18 months of your City of Chicago date of hire.



BENEFITS FOR 2015

PLAN A

Blue Choice Options PPO Plan pays after deductible and/or copayment

	In-Network		Out-of-Network
	Tier 1	Tier 2	Tier 3
IN NETWORK SERVICES SUBJECT TO A COPAYMENT			
Physician Office Visit ³	Covered in full after \$20 for primary care visit Covered in full after \$30 for specialty care visit	Covered in full after \$25 for primary care visit Covered in full after \$35 for specialty care visit	60%
Occupational and Speech Therapy ^{3 and 4}	Covered in full after \$20 per visit	Covered in full after \$20 per visit	
HOSPITAL			
Inpatient Hospital Services ²	90%	75%	60%
Outpatient Hospital Services			
Skilled Nursing Facility ²			
MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT			
Outpatient Mental Health and Substance Abuse ⁵	90%	75%	60%
Organ Transplants			
The following organ transplants must be performed at a Blue Distinction Center or they will not be covered. You must call Telligen at 1-800-373-3727 for pre-certification Heart, Combination Heart/Bilateral Lung, Simultaneous Pancreas Kidney, Kidney only in conjunction with SPK/PAK, Bone Marrow, Stem Cell (autologous and allogeneic), Lung, Liver, Pancreas (PAK/PAT)			No Benefit
	90%	75%	
BARIATRIC SURGERY			
This procedure must be performed at a Blue Distinction Center or it is not covered. You must call 1-800-373-3727 for pre-certification			
Bariatric Surgery ²	90%	75%	No Benefit
Emergency			
Emergency Room Copayment (waived if admitted) \$150; copayment cannot be applied toward deductible or out-of-pocket expense			
Emergency Medical Care or Emergency Accident Care	90%	90%	90%
BENEFIT INCENTIVES			
Diagnostic Lab Tests performed by an independent PPO lab ⁷	100% if all Plan requirements met		60%
MRI, CAT and PET scans performed in a free standing facility ⁸	100% if all Plan requirements met		

² These services require Pre-Certification by Telligen. Call 1-800-373-3727

³ Co-payment does not apply to deductible. Out-of-network services are subject to out of network deductible and co-insurance. Coinsurance and deductible apply to any hospital charges for physician services or facility fees. Chiropractors are specialty physicians and subject to the specialty physician co-payment. Additionally, there is a maximum of 20 visits per year with no more than three modalities per chiropractic visit. For maternity care, co-payment is taken only for the first visit for in-network care.

⁴ These services require pre-certification by Telligen, after the first 10 sessions from one or more providers every year.

⁵ These services require pre-certification by Telligen, after the first 7 sessions from one or more providers every year.

⁶ These services must be performed at a recognized Blue Cross and Blue Shield (BCBS) **Center of Distinction** network facility.

⁷ Members must use a free standing in network lab, such as Quest for diagnostic tests ordered by their physician to have the expense paid in full by the Plan. If a member uses a hospital based laboratory or the claims for lab services are billed by a hospital or other facility, the expenses are subject to deductible and co-insurance.

⁸ If MRI, CAT or PET scans are billed by a hospital, the expenses are subject to deductible and co-insurance. All MRI, CAT and PET scans must be certified by Telligen to be medically necessary.

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BENEFITS FOR 2015

BLUE CHOICE OPTIONS PPO



BlueCross BlueShield
of Illinois

1-800-772-6895
www.bcbsil.com

PLAN A

Prescription Drugs	
Retail (Short term Medication) Purchased at a participating pharmacy 34-day supply or 100 units	Generic: \$10.00 co-pay Brand Name (Formulary): \$30.00 co-pay* Brand Name (Non-Formulary): \$45.00 co-pay*
Retail (Maintenance or long term medication) 4th fill and any additional refills 34-day supply or 100 units, whichever is less	Generic: \$20.00 co-pay Formulary Brand: \$60.00 co-pay* Brand Name Non-Formulary \$90 co-pay*
Mail Order (Long term medications for chronic conditions) 90 day supply	Generic: \$20.00 co-pay Formulary Brand: \$60.00 co-pay* Brand Name Non-Formulary \$100 co-pay*

*If the member chooses a brand when a generic is available, member pays the cost difference between the brand name and the generic drug PLUS the generic co-pay.

Note: Birth control medications are limited to generic medications. No coverage for brand name birth control medications. Smoking cessation products limited to certain prescribed medications.

Your Plan has adopted the Advanced Control Formulary. More information is available in your packet.

This is a summary of material modifications. The terms of the plan document and any subsequent summary material modifications control.



BENEFITS FOR 2015

DAVIS VISION CARE

BLUE CHOICE OPTIONS PPO & BLUE ADVANTAGE HMO

1-888-456-8758

WWW.DAVISVISION.COM

Plan Benefit		Member Pays
IN-NETWORK		
	Once every:	
Eye Exam	12 months	\$0
Frames	12 months	
Exclusive collection of frames		\$0
\$50 In-network allowance, (in lieu of purchasing from exclusive collection of frames)		Balance over \$50
\$110 In-network allowance at area Visionworks Stores		Balance over \$110
Lenses (per pair)	12 months	
Standard		
Plastic or glass single vision, bifocal, or multifocal types, in any prescription		\$0
Oversized lenses		\$0
Polycarbonate lenses *		\$0
Glass gray #3 prescription lenses		\$0
Contact lenses (in lieu of glasses)	12 months	\$0
Plan contact lenses		\$0
In-Network Allowance for non-plan contacts		Balance over \$105
Optional		
Ultraviolet coating		\$0
Scratch resistant coating		\$18
Standard anti-reflective coating ARC		\$31
Premium anti-reflective coating		\$43
Ultra anti-reflective coating		\$60
Fashion and gradient tinting of plastic lenses		\$0
Polycarbonate lenses (Adult)		\$27
Blended segment lenses		\$0
Corning Photochromic Lenses		\$0
Intermediate Vision Lenses		\$25
High Index Plastic Lenses		\$50
Plastic Photosensitive Lenses		\$59
Polarized Lenses		\$68
Standard progressive addition lenses (PALs)		\$45
Premium Progressive Additional Lenses		\$80
OUT-OF-NETWORK		
REIMBURSEMENT SCHEDULE		
	Once every:	
Eye exam	12 months	Balance over \$35
Lenses (per pair)	12 months	
Single		Balance over \$35
Bifocal		Balance over \$50
Trifocal		Balance over \$60
Lenticular		Balance over \$60
Frames	12 months	Balance over \$50
Contact Lenses (in lieu of glasses)	12 months	Balance over \$105

* Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions \geq +/- 6.00 diopters



BENEFITS FOR 2015

BLUE ADVANTAGE HMO (A BLUE CROSS HMO)

1-800-730-8504 www.bcbsil.com

IN THE HMO DOCTOR'S OFFICE		DESCRIPTION OF COVERAGE	HEALTH CARE PLAN COVERS	YOU PAY
Doctor's Office Visit	Primary Care Physician		100%	\$25
	Specialist		100%	\$35
Routine Physical Exams	Covered		100%	\$0
Diagnostic Tests & x-Rays	Covered		100%	\$0
Immunizations	Covered		100%	\$0
Allergy Treatment & Testing	Covered		100%	\$0
Preventive Health Services	Covered		100%	\$0
MEDICAL SERVICES				
Outpatient Surgery	Hospital facility		100%	\$20
Maternity Care	Hospital care		100%	\$20
	Physician Care - copay based on first visit		100%	\$25
Infertility	Covered		100%	\$25 / \$35
Mental Health/Chemical Dependency Treatment	Covered - Outpatient		100%	\$25 / \$35
Outpatient Rehabilitation Services (includes physical, occupational or speech therapy)	Sixty (60) visits combined per calendar year. Covered in full for conditions which, in the judgement of the attending or consulting physicians, are sufficient for significant improvement.		100%	\$0
IN THE HOSPITAL				
Number of Days of Inpatient Care	Unlimited days		n/a	n/a
Room & Board	Semi-private or private if medically necessary		100%	\$20
Surgeon's Fees	Covered		100%	\$0
Doctor's Visits	Covered		100%	\$0
EMERGENCY CARE				
<p>A medical emergency is the sudden and unexpected onset of a potentially dangerous situation which, if not treated immediately, could jeopardize the patient's health. Such conditions are always severe, sudden in onset and involve one of the major organs of the body.</p> <p>Provided in full at Primary Care Physician's office or emergency room. If possible, contact your Primary Care Physician first. Your Primary Care Physician is available 24 hours a day, seven days a week. In a life-threatening emergency, call your Primary Care Physician within 48 hours following emergency treatment.</p>				
Emergency Room Treatment (Life Threatening)	\$150 Emergency room co-payment (Waived if patient is admitted)			
Ambulance (Life Threatening)	Covered in full			
Acute Medical Problems (Non-Life Threatening)	Covered in full. Doctors are on call 24 hours a day, seven days a week. Call the emergency number on your ID card or your Primary Care Physician. The physician or nurse will listen to your problem, instruct you to come in for care or direct you to a participating medical facility.			
PRESCRIPTION DRUGS				
Retail - (Short term medications Maintenance or long term medications - less than 4 refills) Purchased at a participating pharmacy 34-day supply or 100 units, whichever is less)	Generic: \$10.00 co-pay Brand Name (Formulary): \$30.00 co-pay* Brand Name (Non-Formulary): \$45.00 co-pay*			
Retail (Maintenance or long term medications) - 4th refill and any additional refills 34-day supply or 100 units, whichever is less	Generic: \$20.00 co-pay Brand Name (Formulary): \$60.00 co-pay* Brand Name (Non-Formulary): \$90.00 co-pay*			
Mail Order (Long-term medications for chronic conditions; 90 day supply)	Generic: \$20.00 co-pay Formulary Brand: \$60.00 co-pay* Brand Name (Non-Formulary): \$90.00 co-pay*			
<p>*If the member chooses brand when a generic is available, member pays the cost difference between the brand name and the generic drug PLUS the generic copayment. Certain therapeutic classes are part of a Generic Step Therapy program. Under this program you may be required to try an available generic drug; if you do not try the generic drug, you will be responsible for the cost of the brand name medication.</p>				
Oral Contraceptives (90 day supply)	Covered in full with co-payment.			
ADDITIONAL SERVICES				
Prosthetic Devices	Covered in full	Durable Medical Equipment (DME)	Covered in full	
Blood		Infertility Treatment		
Home Health Services		Skilled Nursing Facility	Covered in full, up to 120 days per calendar year.	
Benefits Outside The Service Area:				
<p>Urgent Care is covered while traveling out-of-state for unexpected illness and injury. When medical services are needed away from home, call our easy to remember toll-free number and we'll quickly put you in touch with an Away From Home Coordinator near your location. The Coordinator will schedule an appointment for you, give you directions and help take the fear out of being sick away from home.</p> <p>Guest Membership is provided at an affiliated HMO if you or a covered dependent travels away from the service area for at least 90 days. Whether the reason is extended out-of-town business, semesters at school or families living apart, you can still enjoy the full range of benefits offered by the affiliated HMO near your travel destination. Co-payments may differ.</p>				

"Covered in full" means a service is covered to the full extent required by the City and its agreement with the HMO. In some instances, there may be limits on frequency of service. All services listed for the HMOs must be authorized in advance by Plan Physicians in order to be covered. **This HMO Benefit Highlight Sheet describes eligibility and benefits available for the 2015 plan year. It is only to be used as a guide. Please refer to specific benefit booklets available from the HMO for more detailed information.**



BENEFITS FOR 2015

DENTAL PLAN COMPARISON

BlueCare DentalSM www.bcbsil.com/cityofchicago 1-855-557-5487	DENTAL HMO PLAN	DENTAL PPO PLAN	
BENEFIT DESIGN	MUST USE PANEL DENTISTS	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible	\$0	\$100 per person, per year effective 1/1/06	\$200 per person, per year effective 1/1/06
Annual Maximum Benefit*	Unlimited	\$1,200 per person, effective 1/1/02	\$1,200 per person, effective 1/1/02
ORTHODONTIC PROCEDURES (Braces)			
	<i>Co-payment (Member pays)</i>		
Sworn Police and Uniformed Firefighters (Under Age 25 only) All Others (Under Age 19 only)	Effective 1/1/06 \$2,300	Not Covered	
PREVENTIVE SERVICES			
*The Annual Maximum \$1,200 Benefit does not apply to Preventive Services received by children under age 19 enrolled in the Dental PPO Plan.			
Oral Exams (twice a year)	100% Covered in full (no deductible)	100% Covered in full (no deductible)	Plan pays 80% of PPO allowable amount (no deductible). Member pays balance of billed charges.
Cleanings (twice a year)	\$10 Co-payment required for each preventive service office visit.	\$10 Co-payment required for each preventive service office visit.	
X-Rays (twice a year)			
BASIC PROCEDURES	Co-payments (Member pays) Effective 1/1/07	Deductible Applies	
Amalgam (Fillings) - one surface permanent	\$20	Plan pays 60% of PPO allowable amount. Member pays 40% of PPO allowable amount.	Plan pays 50% of PPO allowable amount. Member pays balance of billed charges.
Resin - one surface anterior including acid etch-	\$24		
Pin Retention (per tooth) - in addition to restoration	\$31		
Routine Extraction Single Tooth	\$24		
Surgical Removal of Erupted Tooth	\$45		
Surgical Removal of Tooth - soft tissue impaction	\$58		
Surgical Removal of Tooth - partial bony impaction	\$83		
Surgical Removal of Tooth - complete bony impaction	\$83		
Alveoloplasty - without extractions - per quadrant	\$96		
Scaling and Root Planing - per quadrant with local anesthesia	\$45		
Gingivectomy or Gingivoplasty - per quadrant	\$183		
Gingival Flap Procedure Including Root Planing - per quadrant	\$175		
Osseous Surgery, Flap Entry and Closure - per quadrant	\$203		
Pulp Capping (direct or indirect)	\$15		
Root Canal Therapy anterior	\$149		
bicuspid	\$160		
molar	\$215		
Apicoectomy - (first root)	\$138		
Palliative Treatment	\$17		
Limited Occlusion Adjustment	\$26		
MAJOR RESTORATIVE PROCEDURES			
Inlay - metallic (one surface)	\$276		
Onlay - metallic (three surfaces)	\$373		
Core Buildup Including Pins	\$110		
Crown repair	\$85		
Crown - porcelain/ceramic substrate	\$385		
Crown - fused to high nobel metal	\$395		
Denture - complete upper or lower	\$485		
Lower Denture Reline - chairside	\$147		

To obtain a current list of dentists in either the HMO or PPO plan, please contact BlueCare. The website and customer service phone number are listed at the top of this chart. **Important Note: This comparison provides only the highlights of the programs. Specific details are contained in the plan document booklet. If conflict arises between this material and any plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases.**



2015 IMPORTANT WEB SITES AND TELEPHONE NUMBERS

Plan Eligibility and Benefit Coverage	City of Chicago Benefits Service Center	www.cityofchicagobenefits.org	1-877-299-5111	
Medical Plans				
Blue Choice Options PPO Blue Advantage HMO	Blue Cross Blue Shield of Illinois	www.bchsil.com	1-800-772-6895 1-800-730-8504	(For Claims Processing) 300 East Randolph Street Chicago, IL 60601-5099
Medical Plan Prescriptions				
Blue Advantage HMO	Blue Cross Blue Shield of Illinois	www.bchsil.com	1-800-423-1973	(For Claims Processing) 300 East Randolph Street Chicago, IL 60601-5099
PPO Plan	CVS Caremark	www.caremark.com	1-866-748-0028	(For Mail Order Prescriptions) P.O. Box 94467 Palatine, IL 60094-4467 (For Claims Processing) P.O. Box 686005 San Antonio, TX 78268-6005
Medical Plan Advisor				
PPO Plan	Telligen	http://telligen.qualitrac.com	1-800-373-3727	1776 Westlakes Parkway West Des Moines, IA 50266-7771
Wellness	Healthways	www.chicagoliveshealthy.com	1-866-556-7671	—
Dental Plans				
Dental HMO & Dental PPO	BlueCare Dental	www.bchsil.com/cityofchicago	1-855-557-5487	(For Claims Processing) P.O. Box 23059 Belleville, IL 62223-0059
Vision Care Benefits				
PPO Plan Blue Advantage HMO	Davis Vision	www.davisvision.com	1-888-456-8758	175 East Houston Street San Antonio, Tx 78205
Flexible Spending Account				
	PayFlex (FSA)	www.HealthHub.com	1-800-284-4885	Flex Dept PO Box 3039 Omaha, NE 68103-3039
Life Insurance Plans				
Term Life Insurance	Prudential Insurance Company of America	www.prudential.com	1-800-778-3827	PO Box 13676 Philadelphia, PA 19176 Attn: Rebecca Wanner
Universal Life Insurance	MetLife Underwritten by TexasLife	http://empben/CityofChicagoUL/Welcome.html	1-800-638-6855	2650 Warrenville Rd, Suite 100 Downers Grove, IL 60515
Long Term Disability	Prudential Insurance Company of America	www.prudential.com	1-800-778-3827	PO Box 13676 Philadelphia, PA 19176 Attn: Rebecca Wanner
Deferred Compensation	Nationwide Retirement Solutions	www.chicagodeferredcomp.com	1-855-457-2489 1-877-677-3678	205 W. Randolph Street, Suite 1540 Chicago, IL 60606-1814
Transit Benefit	Wageworks	www.wageworks.com	1-877-924-3967	1100 Park Place San Mateo, CA 94403
Pension Funds				
Uniformed Firefighters	Firemen's Annuity and Benefit Fund of Chicago	www.fabf.org	1-312-726-5823	20 South Clark Street, Room 1400 Chicago, IL 60603
Sworn Police	Policemen's Annuity and Benefit Fund of Chicago	www.chipabf.org	1-312-744-3891	221 N. LaSalle Street, Suite 1626 Chicago, IL 60601-1206
Municipal Employees	Municipal Employees' Annuity and Benefit Fund of Chicago (MEABF)	www.meabf.org	1-312-236-4700	321 N. Clark Street, Room 700 Chicago, IL 60654-4767
Laborer Employees	Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago	www.labfchicago.org	1-312-236-2065	321 N. Clark Street, Room 1300 Chicago, IL 60654-4767

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- Call 1-888-277-8772
- Download our mobile app at QuestDiagnostics.com/GoMobile



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